									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2003								19967324					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR		R THAN ENTITY	
TOTAL CLAIMS					:		F	ATE	FÉE	٦.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=				×	\$ 9=	1	OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		•				ļ	OR	\	 	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					45=	ļ	7			
• If	the difference	e in column 1 is	less than zero, enter "0" in column			column 2	l	TAL		OR	<u></u>		
CLAIMS AS AMENDED - PART II							, (IAL	L	JOR	TOTAL	THAN	
5	5-(5 (Column 1) (Column 2) (Column 3)						SN	ALL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER	PRESENT EXTRA	RA	TE.	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID	OR.	.,	 -		FEE	1		FEE	
	Total	• 35	Minus	** 3	<u>]</u>	= /	ļ	9= .		OŖ	_X\$18= .		
AM	Independent	NTATION OF M	Minus	PENDENT	CL AIM	= \ /	X	3=		OR	X86=	* *****	
<u> </u>	THOTTHEOL			CHOCH	·		+14	5=	•	OR	: +290≐	. •	
٠								DDIT. FEE OR ADDIT. FEE					
(Column 1) (Column 2) (Column 3)											·		
AMENDMENT'B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY.	PRESENT EXTRA	RA	- 1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##.		-	X\$.	9=.		OR	X\$18=		
	Independent	*	Minus	***		=	X4:	3=		OR	X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-					
						+14	L_		OR	+290=	•		
	en de la companya de La companya de la co									OR A	DOIT. FEE		
	***	(Column 1):		(Colum		(Column 3)			ADDI 1		** ****	ADDI-	
AMENDMENT C	.	REMAINING AFTER AV ENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	TIONAL	
	Total	•	Minus	**		= ,	X\$ 9)=		OR	X\$18=		
MEN	Independent	*	Minus	***		=	X43			OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.						+145	-				1 111 L V 11	
• 6	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									L	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OFFICE OFFICE OFFI													
	The "Highest Num	ber Previously Paid	For (Total or	Independen	it) is the	highest number	found in th	e appro	priate box	in colur	nn 1.		
										•		COLMEDCE	

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